TECHNICAL SECTION:
Technical tips

General Surgery

Fog-free face masks

V Prakash, GJ Packer, C Sivaji

Department of Orthopaedics, Southend Associated University Hospital, Southend, UK

In surgical specialties, the risk of eye contamination is high. New generation face masks with face shields are very expensive and are not absolutely fog-free. We follow a simple technique to overcome this problem. A few minutes before wearing the face mask, the inner surface of the plastic shield is gently wiped with alcohol wipes and allowed to dry. This forms a thin film which prevents water vapour condensing on the inner surface. A second wipe may be used to re-inforce the effect. We have found this technique to be simple and efficient.

Correspondence to: Mr GJ Packer, Consultant in Orthopaedics, Department of Orthopaedics, Southend Associated University Hospital, Prittlewell Chase, Southend SS0 0RY, UK. Tel: +44 1702 221208; Fax: +44 1702 221088

The left-handed use of scissors

C Fang, M Moran, A Paul

Department of Orthopaedic Surgery, Manchester Royal Infirmary, Manchester, UK

It is advantageous if a surgeon is able to carry out tasks with both hands. Right-handed assistants are often required to cut sutures with their left hand, using scissors designed for right-handed use. There is a tendency to distract the blades of the scissors when used in the left hand. This can result in chewing of the suture material and disapproval from the operating surgeon. Some surgeons try to avoid cutting with their left hand, often swapping over to the right hand. Surgery, however, should be carried out with economy of movement and this goes against this basic principle. We suggest a method of using scissors in the left hand that allows sutures to be cut precisely without fraying the suture material.

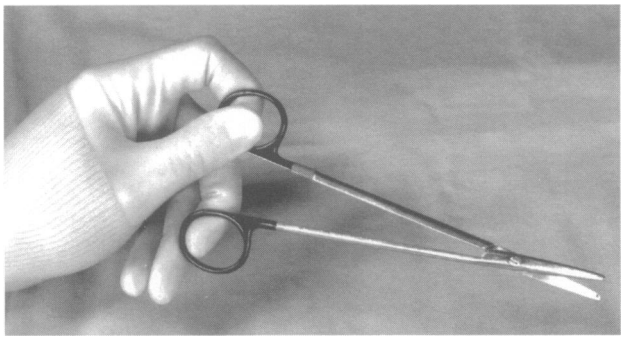

Figure 1 The technique for holding a pair of scissors left-handed is demonstrated.

The upper blade is held between the thumb and index finger as illustrated (Fig. 1). The lower blade is supported by the middle finger. This arrangement allows for the operator to compress the blades together ensuring a crisp and precise cut.

Correspondence to: Mr C Fang: Department of Orthopaedic Surgery, Manchester Royal Infirmary, Oxford Road, Manchester M13 9WL, UK. Tel: +44 161 276 1234; Fax: +44 161 276 8006; E-mail: csjfang@aol.com

Use of an intravenous cannula to remove imbedded foreign bodies

AM Wainwright, R Handley

Trauma Department, Oxford Radcliffe Hospital, Oxford, UK

Broken sewing needles in the foot or hand are a common challenge. Open operations leave scars which are compared to the fragment or entry wound on sensitive surfaces.[1-4] The fragment can be removed percutaneously, using an intravenous cannula stylet (usually 14 gauge), under image-intensifier control. Localise the fragment end-on using crossed metal markers over the skin. Advance the stylet bevel adjacent to the needle end: a corkscrew motion captures the needle. Usually, the fragment is removed with the withdrawn stylet: if not securely captured, it may be easier to drive both through to the far surface.

References

1. Marks MW, Smith DJ. Removing broken needles and other foreign objects. *Postgrad Med* 1989; 85: 234–6.
2. Gilsdorf JR. A needle in the sole of the foot. *Surg Gynecol Obstet* 1986; **163**: 573–4.
3. Bhavsar MS. Technique of finding a metallic foreign body. *Am J Surg* 1981; **141**: 305.
4. Garrow E, Valda V. Technique of finding metallic foreign bodies. *Am J Surg* 1977; **134.**: 432

Correspondence to: AM Wainwright, Pediatric Orthopedic Fellow, Hospital for Sick Children, Toronto, Ontario M5G 1X8, Canada